APPENDIX T

RECOGNIZING THE ILL CHILD: INCLUSION/EXCLUSION CRITERIA

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Recognizing the Ill Child: Inclusion/Exclusion Criteria

Daily Health Assessment Check

The staff of a child care program or school who are familiar with the behavior and appearance of the enrolled children should assess each child's health status when the child arrives and periodically throughout the day. This assessment involves observing the child, speaking with parents, and, if applicable, talking with the child.

Staff should be instructed to observe and document

- Changes in behavior or appearance
- Any skin rashes and itchy skin or scalp
- Signs of fever such as flushed appearance or shivering (Daily temperature monitoring, in the absence of behavior change, is not recommended.)
- Complaints of pain or not feeling well
- Vomiting, diarrhea, and drainage from eye(s)
- When a child or family member has been exposed to a harmful communicable disease

Sharing this information among caregivers/teachers and families helps everyone to be on the lookout for signs and symptoms of illness and discuss the implication of potential exposure to illness with health professionals.

When to Get Immediate Medical Help

- Call emergency medical services (usually 911) for the child who
  - ~ Has difficulty breathing or is unable to speak
  - ~ Has blue, purple, or gray skin or lips
  - ~ Is unconscious
  - ~ Is vomiting blood
  - ~ Has a stiff neck with headache and fever
  - ~ Is severely dehydrated with sunken eyes, lethargy, and no tears and not urinating
  - ~ Has had a serious injury or has severe pain
  - ~ Is increasingly less responsive
  - ~ Is acting strangely, much less alert, or much more withdrawn than usual
- Get medical attention within 1 hour for the child who
  - ~ Has a fever and who looks more than mildly ill
  - ~ Is younger than 2 months with a temperature above 100°F axillary (armpit) or 101°F rectally
  - ~ Has a quickly spreading purple or red rash
  - ~ Has a large volume of blood in the stools
  - ~ Has an injury that may require medical treatment such as a cut that may require stitches
  - ~ Has an animal bite that breaks the skin
  - ~ Has any medical condition that is outlined in the child's care plan as requiring medical attention

Children Who Are Ill

When a child becomes ill but does not require immediate medical help, a determination must be made whether the child requires exclusion. Most illnesses do not require exclusion. The caregiver/teacher should determine if the

- Illness prevents the child from participating comfortably in activities.
- Illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
- Illness poses a risk of spread of disease to others.

If any of these criteria is met, the child should be excluded, regardless of the type of illness.

Conditions That Do Not Require Exclusion

- Common colds, runny noses (regardless of color or consistency of nasal discharge), and coughs.
- Fever without any signs or symptoms of illness in children who are older than 4 months. For this purpose, fever is defined as temperature above 101°F orally, above 102°F rectally, or 100°F or higher taken axillary (armpit) or measured by any equivalent method. Fever is an indication of the body's response to something, but is neither a disease nor a serious problem by itself. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, and response to infection. If the child is behaving normally but has a fever, the cause of the fever should be sought, but the child does not require exclusion for fever alone.
- Watery eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (ie, the whites of the eyes).
- Rash without fever and behavioral changes.
- Lice or nits without lice (may delay treatment until the end of the day).
- Ringworm (may delay treatment until the end of the day).
- Thrush (ie, white spots or patches in the mouth).
- Fifth disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
- Cytomegalovirus infection.
- Chronic hepatitis B virus infection.
- Human immunodeficiency virus (HIV) infection, with consideration of risk to the HIV-infected child or others decided on a case-by-case basis by health professionals.

- The presence of infectious germs in stool or urine without illness symptoms (exceptions include potentially serious organisms [eg, *Escherichia coli* O157:H7, *Shigella, Salmonella typhi*]). Children with *E coli* O157:H7 or *Shigella* must be excluded until 2 stool cultures are negative and the child is cleared to return by local health department officials. Children with *S typhi* must be excluded until 3 stool cultures are negative and they are cleared by a health professional or local health department officials.
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the Americans with Disabilities Act (eg, HIV infection). The act requires that child care programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

Conditions Requiring Temporary Exclusion

Temporary exclusion is recommended when

- The illness prevents the child from participating comfortably in activities as determined by the staff of the child care program or school.
- The illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children.
- The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:
  - ~ Appears to be severely ill.
  - ~ Fever (temperature above 101°F orally, above 102°F rectally, or 100°F or higher taken axillary [armpit] or measured by an equivalent method) *and* behavior change or other signs and symptoms (eg, sore throat, rash, vomiting, diarrhea). An unexplained temperature above 100°F axillary (armpit) or 101°F rectally in a child younger than 4 months should be medically evaluated. For example, an infant with a fever but behaving normally on the day after an immunization that is known to sometimes cause fever does not require exclusion. (Exception: *Any infant younger than 2 months with a fever should get medical attention within an hour.*)
    When taking temperature, remember
    - ◆ The amount of temperature elevation varies at different body sites.
    - ◆ The height of fever does not indicate a more or less severe illness.
    - ◆ The method chosen to take a child's temperature depends on the need for accuracy, available equipment, the skill of the person taking the temperature, and the ability of the child to assist in the procedure.
    - ◆ Oral temperatures are not usually reliable for children younger than 4 years.
    - ◆ Rectal temperatures should be taken only by persons with specific health training in performing this procedure.
    - ◆ Axillary (armpit) temperatures are only accurate in young infants.
    - ◆ Electronic devices for measuring temperature in the ear canal or skin over the temple (next to the eye) may not be reliable or accurate ways of measuring temperature. At their best, they give temperatures that are similar to rectal temperature. These devices require periodic calibration and those using them should receive specific training to be sure they are used correctly.
  - ~ Diarrhea—defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool that is not contained by the child's ability to use the toilet—until the diarrhea resolves. Exceptions include
    - ◆ Toxin-producing *E coli* or *Shigella* infection: until the diarrhea resolves and the test results of 2 stool cultures are negative for these organisms.
    - ◆ *S typhi* infection: until the diarrhea resolves, the test results of 3 stool cultures are negative for these organisms, and the child has been cleared by a health professional or health department.
  - ~ Blood in the stools not explained by dietary change, medication, or hard stools.
  - ~ Vomiting more than 2 times in the previous 24 hours, unless the vomiting is determined to be caused by a noncommunicable condition and the child is not in danger of dehydration.
  - ~ Abdominal pain that continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
  - ~ Mouth sores with drooling.
  - ~ Rash with fever or behavioral changes.
  - ~ Pink or red conjunctiva (ie, whites of the eyes) with white or yellow eye mucus drainage (signs of bacterial infection), often with matted eyelids after sleep and eye pain, or redness of the eyelids or skin around the eye until treatment has been started (viral conjunctivitis usually has a clear, watery discharge that may not require exclusion).
  - ~ Tuberculosis, until the child's physician or local health department states child is on appropriate treatment and can return.
  - ~ Impetigo, until 24 hours after treatment has been started.
  - ~ Streptococcal pharyngitis (ie, strep throat or other streptococcal infection), until 24 hours after treatment has been started.
  - ~ Head lice or nits, until after the first treatment (note: exclusion is not necessary before the end of the program day).
  - ~ Scabies, until after treatment has been given.

- ~ Chickenpox (varicella) until all lesions have dried or crusted (usually 6 days after onset of rash).
- ~ Pertussis, until 5 days of appropriate antibiotic treatment.
- ~ Mumps, until 9 days after onset of parotid gland swelling.
- ~ Measles, until 4 days after onset of rash.
- ~ Hepatitis A virus infection, until 1 week after onset of illness or jaundice or as directed by the health department when immune globulin has been given to the appropriate children and adult contacts.
- ~ Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

For more details and other diseases, see Chapter 6, "Signs and Symptoms Chart," on page 31.